PATENT APPLICATA FEE DETERMINATION RECORL
Effective October 1, 2000

Application or Docket Number

09/913327

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE O			OTHER THAN		
TOTAL CLÁIMS					3-17. 40.			RATE	FEE]	RATE	FE	E
FOR			NUMBER FILEO		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	369	ļ
TOTAL CHARGEABLE CLAIMS			o minus 20-		•			X\$ 9=		OR	X\$18=	t	
INDEPENDENT CLAIMS			= E aunim E		•			X40=		OR	X80=	\sqcap	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	1	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	000	
CLAIMS AS AMENDED - PART II S 1 9 (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TION FEI	AL
	Total	. 6	Minus	·02(<u>) </u>	= /		X\$ 9=		OR	X\$18=		
AME	independent	NTATION OF MI	Minus		CLADA			X40=		OR	X80=		
لـــا	HASI PRESE	MAHONOFM	VLIIPLE DE	ENDEN	COMM		' [+135=		OR	+270=		\Box
_			O 4 6					TOTAL ODIT, FEE		OR	TOTAL ADDIT. FEE		コ
3	40-01	(Column 1)	RCS	(Colur	nn 2)	(Column 3)							
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION FEE	AL
	Total	.10	Minus	.2	0	•		X\$ 9=		QR	X\$18=		
AME	Independent	NTATION OF MI	Minus	··· O	CT A138	-		X40≈		OR	X80≃		
!	rinal rheac	NIA(ION OF MI	LIPLE DEF	ENDEN	CDUM		ľ	+135=		OR	+270=		
								TOTAL ODIT, FEE		OR	TOTAL ADOIT, FEE		コ
		(Column 1)	•	(Colum		(Column 3)					•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUMI PREVIO PAID	BER XUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION FEE	AL
	Total	• ,	Minus	••				X\$ 9=		OR	X\$18=		٦
	Independent	•	Minus	144		•	lt	X40=		OR	X80=		7
	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											ᅦ
# If the entry. In column 1 to tess than the entry in column 2, write 'V' in column 3.										OR	+270=		4
"If the Tilghest Number Proviously Paid For SH THIS SPACE is less than 20, enter "20." ADDIT. FEE "If the Tilghest Number Proviously Paid For IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL LODIT, FEE		4
		ber Previously Pal					r four	nd in the appe	ropriate box	in cot	men 1.		1